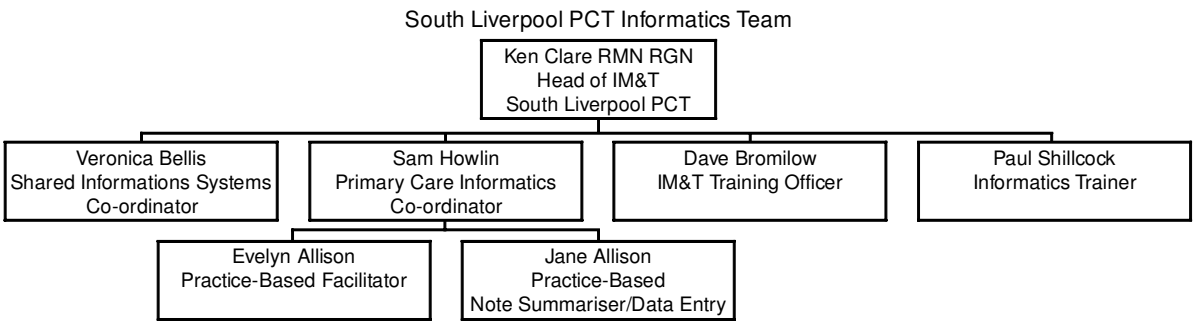


Posters

# The work of the South Liverpool Primary Care Trust Informatics Team

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The team consists of:



## Our aims and objectives

We are a new team, which has evolved from the advent of the primary care trust (PCT) to help to modernise primary care and community-based systems, to help deliver the ‘modern, dependable’ National Health Service, and to meet objectives and targets set out by the government in *The NHS Plan*.<sup>1</sup> Some of these targets include the introduction of the electronic health record (EHR), integrated working and standard setting with the introduction of national service frameworks (NSFs). We are doing this in South Liverpool through the initiatives that follow.

recorded and hindered communication within primary healthcare teams. Currently in South Liverpool, this way of working is only available on EMIS LV and Torex System 6000. It is proving to be a resounding success and we are currently looking at ways of developing this system further. The system is put in place at the surgery and the project manager, Veronica Bellis, previously a district nurse, goes out to practices and trains the staff involved on how to input data and what information to record in the patient’s record.

## Improving data quality and accuracy

### Shared systems project

Currently in South Liverpool, we have five practices that are working on this project. It involves community staff, such as district nurses, entering their data on to the GP clinical system of the practice they are working with. Traditionally, this has not happened in the past, as district nurses had their own computer system for recording data (or it was recorded manually in some cases). This caused problems with gaps in data being

The introduction of NSFs, which are a benchmarking and standard-setting mechanism, has necessitated a change in ways of working within primary care. In addition, the move towards the EHR means that much work is needed to bring systems and system recording up to a high standard. Use of Read codes makes clinical data more accessible and retrievable and helps practices to produce reports and carry out clinical audit. Also NSFs require this sort of data to prove targets have been met and achieved. Traditionally, the use of computer systems in primary care has

been limited to entering prescribing data or maybe using computerised appointment systems.

Supported by the PRIMIS team, much effort is going into improving data quality within primary care and supporting practices in changing traditional ways of working with the aim of improving care.<sup>2</sup> This process involves extracting data from the clinical system using MIQUEST in order to assess, feedback, and improve the use of Read codes for recording clinical data.<sup>3</sup> Development plans are then put into place to enable the practice to improve the use of their computer system, help with the process of becoming 'paperlight' and move towards the practice having an EHR for each patient rather than paper-based ones. It also aids in the delivery of providing services according to need and helping other sectors such as clinical governance and public health.

This is all done through the support of the Informatics Co-ordinator and practice-based facilitators, who are allocated to practices according to need. They are there to offer the help and support that practices will need in implementing the development plans. Their role includes setting up chronic disease registers on the computer, summarising paper notes and adding them to the clinical system. They also assist with the use of templates, which record data in an effective and systematic way. The use of decision support tools for clinicians such as PRODIGY is also encouraged – PRODIGY provides decision support for prescribing at the point of care, and also offers information to patients on the best care of their condition.<sup>4</sup>

## Training

Trainers go out to practices and train in all the five clinical systems currently in use in our PCT. This is done at the practice so that possible problems can be raised and addressed at the time with the practice's own data. In addition to this, all doctors and practice nurses have been given connections to NHSnet; the trainers support the use of this by offering training sessions either at the practice or centrally in web browsing and using email and the benefits this can

bring, not only as an aid to communication but educationally by focusing on keeping up to date with best clinical guidelines and personal and professional development. More recently desktop access to Internet and email has been made available to community staff; this involved each practice-based team of district nurses and health visitors being given a PC – revealing a huge training need. As well as this, trainers are encouraging all disciplines to engage in European Computer Driving Licence (ECDL) so that everybody in primary care has opportunity to acquire a good level of computer literacy.<sup>5</sup> It is hoped that in the near future our own trainers will be able to deliver this, and we have just secured funding to open a mobile training suite for this purpose.

## FUTURE REVIEW

As the PCT is a relatively new organisation, we will do a further review and follow-up of the effectiveness of our team in planned work, and of the progress made by the team.

## REFERENCES

- 1 Department of Health (2000) *The NHS Plan: a plan for investment, a plan for reform*. Department of Health: London.
- 2 PRIMIS: [www.primis.nhs.uk](http://www.primis.nhs.uk)
- 3 MIQUEST: [www.nhsia.nhs.uk/nhais/pages/products/vaproduct/miquest](http://www.nhsia.nhs.uk/nhais/pages/products/vaproduct/miquest)
- 4 PRODIGY: [www.prodigy.nhs.uk](http://www.prodigy.nhs.uk)
- 5 ECDL: [www.ecdl.co.uk](http://www.ecdl.co.uk)

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